

# Post-ictal subtle ptosis ipsilateral to mesial temporal lobe sclerosis

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We present three patients with refractory epilepsy and left mesial temporal sclerosis, with ipsilateral subtle post-ictal ptosis, without evident anisocoria (*figure 1, table 1*), that could be explained by central autonomic dysfunction, similar to postictal bradycardia and asystole [1], different from both contralateral and ipsilateral ictal ptosis and miosis that have also been described [2, 3]. Not only the dentate gyrus but also the CA1 region of the hippocampus is involved [4]. The amygdala, through the stria terminalis and the amygdalofugal pathways, has a close relationship with the hypothalamus where a decrease in connectivity, ipsilateral to the seizure focus, has been observed [5]. The clinical details of the patients are outlined in *figure 1* and *table 1*. ■

## References

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▼ **Table 1.** Seizure type and semiology of the 3 patients.

Patient	Type	Semiology	Others
1.-	Focal onset with impaired awareness	Oro-lingual automatisms	Briefs but repeated
2.-	Focal onset with impaired awareness	Oro-lingual and left arm automatism. Postictal left arm nose wiping	Three seizures
3.-	Aware focal onset	Oro-lingual and bilateral predominantly left arm automatism, followed by psychomotor agitation. Postictal left arm nose wiping	Typical aura of epigastralgia



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**Patient 1**

Subtle postictal ptosis

**Patient 2**

Video

Postictal video showing mild left ptosis. Patient is trying to close and open each eye separately

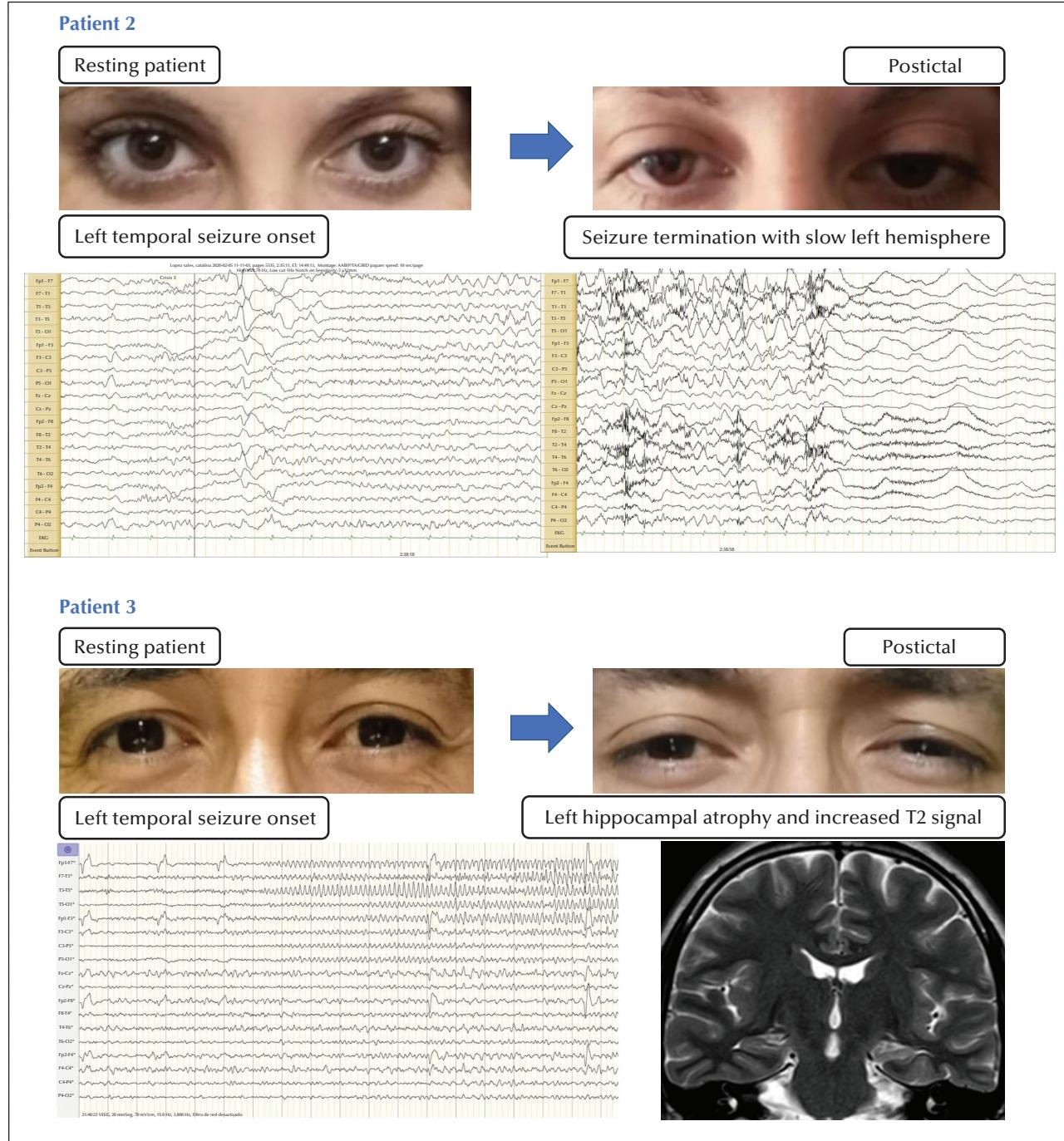
**Patient 1**

Resting patient

Postictal

Left temporal seizure onset

■ **Figure 1.** Picture of subtle ptosis of the 3 patients, postictal video of Patient 2, representative EEG of the 3 patients showing ipsilateral seizure onset on the left temporal lobe, and MRI of Patient 3 showing left mesial temporal sclerosis.



**■ Figure 1.** Picture of subtle ptosis of the 3 patients, postictal video of Patient 2, representative EEG of the 3 patients showing ipsilateral seizure onset on the left temporal lobe, and MRI of Patient 3 showing left mesial temporal sclerosis (*continued*).

## TEST YOURSELF

- (1) What is the quintessential pathology and pattern in limbic epilepsy?
- (2) Why can postictal ptosis be related to ipsilateral seizure onset in mesial temporal lobe epilepsy?
- (3) What is the anatomical and functional relationship based on between the hypothalamus and the amygdala?

*Note: Reading the manuscript provides an answer to all questions. Correct answers may be accessed on the website, [www.epilepticdisorders.com](http://www.epilepticdisorders.com).*